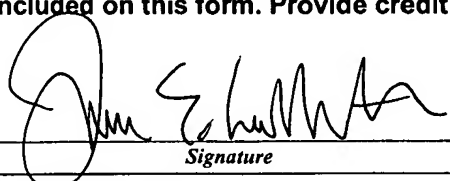


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|--|--|------------------------------------|---|----------------------------------|---------------------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. L7725.04105 | |
| Applicant(s): Christian WENGERTER, et al. | | | | | |
| Application No. 10/501,995 | Filing Date October 20, 2004 | Examiner T. Ghebretinsae | Customer No. 52989 | Group Art Unit 2611 | Confirmation No. 8666 |
| Invention: CONSTELLATION REARRANGEMENT FOR TRANSMIT DIVERSITY SCHEMES | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 8 - | 26 = | 0 | x \$50.00 | \$0.00 |
| INDEP. CLAIMS | 6 - | 6 = | 0 | x \$200.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-4375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  _____ <i>Signature</i> | | | Dated: August 22, 2006 | | |
| James E. Ledbetter, Esq. Registration No. 28,732 Stevens, Davis, Miller & Mosher, LLP 1615 L Street, N.W., Suite 850 Washington, DC 20036 Tel: 202-785-0100 Fax: 202-408-5200 | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) | | |
| cc: | | | Signature of Person Mailing Correspondence | | |
| | | | Typed or Printed Name of Person Mailing Correspondence | | |



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Inventor: C. WENGERTER et al. Group Art Unit: 2611
Appln. No.: 10/501,905 Examiner: T. Ghebretinsae
Filed: July 20, 2004
For: CONSTELLATION REARRANGEMENT FOR TRANSMIT DIVERSITY
SCHEMES

AMENDMENT UNDER 37 CFR § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Rejection dated May 22, 2006,
please amend the above-captioned application as follows: